

# Wisconsin Department of Safety and Professional Services

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## MONITORING

### WORK REPORT FORM

If you have any questions regarding this report, please contact the Monitor at 608-267-3817.  
Please provide as much detail as possible (use back of page or additional sheets, if necessary).

***This form is to be completed by the supervisor, not the employee.***

Employee's Name: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Last Hire Date: \_\_\_\_\_ Employee's Position Title: \_\_\_\_\_

( ) Full-time ( ) Part-time Number of hours per week: \_\_\_\_\_

Shift: ( ) Days ( ) Evenings ( ) Nights ( ) Rotates

Attendance: Number of days absent in the past three months: \_\_\_\_\_

( ) No pattern of absence ( ) Pattern of absence Describe: \_\_\_\_\_

Number of days tardy in the past three months: \_\_\_\_\_

( ) No pattern of tardiness ( ) Pattern of tardiness Describe: \_\_\_\_\_

Quality of Work: ( ) Outstanding ( ) Satisfactory ( ) Needs Improvement

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Interpersonal relationships with co-workers:

( ) Very good ( ) Satisfactory ( ) Needs Improvement

Comments: \_\_\_\_\_

\_\_\_\_\_

Individual evaluation conference held in past three months? ( ) Yes ( ) No

Outcome: \_\_\_\_\_

\_\_\_\_\_

Has this employee provided his/her immediate supervisor with a copy of the Board's Final Decision and Order and any subsequent orders in a timely manner? ( ) Yes ( ) No

If no, please explain: \_\_\_\_\_

To the best of your knowledge has the licensee been in compliance with the terms of his/her Order?

( ) Yes ( ) No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

To the best of your knowledge has the licensee been in compliance with the laws and rules governing the practice of the profession? ( ) Yes ( ) No

If no, please explain: \_\_\_\_\_

\_\_\_\_\_

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Please indicate the level of supervision under which the employee works:

- ☐ Unsupervised  
☐ General Supervision (supervisor regulatory coordinates, directs, and inspects employee's work.)  
☐ Direct Supervision (supervisor is on the premises and immediately available to coordinate, direct and inspect employee's work.)  
☐ Varies (please describe below)

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Does the employee have access to controlled substances? ☐ Yes ☐ No

If yes, please indicate:

- a) Type of Access (direct/indirect, unsupervised/supervised): \_\_\_\_\_  
b) Have there been any issues or discrepancies in the last quarter? ☐ Yes ☐ No

If yes, describe:

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To the best of your knowledge, do you believe the employee is maintaining abstinence from all mood altering chemicals, including alcohol? ☐ Yes ☐ No ☐ Unsure

If you answered No or Unsure, please explain: \_\_\_\_\_

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If the order requires specific information or responses, please enter here. Use the back of the form or additional paper, if necessary. \_\_\_\_\_

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Any further comments, questions or problems? (Please attach additional sheets)

\_\_\_\_\_  
Signature of Supervisor

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print name of Supervisor and Title

\_\_\_\_\_  
Supervisor's License Number

\_\_\_\_\_  
Supervisor's Place of Employment

\_\_\_\_\_  
Address

\_\_\_\_\_  
( )

Phone number

Please feel free to attach any additional information you wish to bring to the Monitor's attention.

Please mail, fax, or email this form every three months to:

**ATTN: Department Monitor**  
**Wisconsin Department of Safety and Professional Services**  
**PO Box 7190**  
**Madison, WI 53707-7190**  
**Fax (608) 266-2264**  
**[dspsmonitoring@wi.gov](mailto:dspsmonitoring@wi.gov)**